

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35140

STATE FILE NUMBER

Registration District No. #67 Primary Registration District No. 5269 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Christian				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Sparta Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Bruner Inside Limits OR TOWN Bruner Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION home of daughter 3 weeks				d. STREET ADDRESS (If outside, give location) Reside on Farm 2.2 miles East Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE FRANKLIN SAUM				4. DATE OF DEATH Month Day Year Oct. 12, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 17, 1882	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months Days Hours Min. 8 25		IF UNDER 24 HRS. 5810			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Wright				10b. KIND OF BUSINESS OR INDUSTRY Flour Mills			
11. BIRTHPLACE (City and state or country) Kellogg, Iowa				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Charles Monroe Saum				14. MOTHER'S MAIDEN NAME Eda May Veber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 526102154			
17. INFORMANT Mrs. Raymond Harville, Sparta, Mo.				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Poisoning Cirrhosis of Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of Liver DUE TO (c) Cerebral Poisoning PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Cerebral Poisoning						INTERVAL BETWEEN ONSET AND DEATH 5810	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Sparta, Mo.				COUNTY STATE			
21. I attended the deceased from Sept 5 1957 to Oct. 12 1957 and last saw her alive on Oct 8 1957 Death occurred at 9:02 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (In free or title) Warren H. Wilson, D.O.				22b. ADDRESS Sparta, Mo.			
22c. DATE SIGNED Oct 29 1957							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/14/1957		23c. NAME OF CEMETERY OR CREMATOR Sparta Cemetery		23d. LOCATION (City, town, or county) (State) Sparta, Missouri	
24. FUNERAL DIRECTOR Harris Funeral Home, Clever, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 2/1957			
26. REGISTRAR'S SIGNATURE Nannie Day.							

(Licensed Embolmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Dean Harris*

Licensed Embalmer No. *439*

P. O. Address *Cleveland, Ohio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.